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CONFIRMATION NO. 3420

<b>SERIAL NUMBER</b> 10/659,483	<b>FILING OR 371(c) DATE</b> 09/10/2003	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 40851-P001C1
<b>RULE</b>				

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**\*\* CONTINUING DATA \*\*\*\*\***

✓ This application is a CON of 09/996,241 11/28/2001 PAT 6,656,125 which claims benefit of 60/295,194 06/01/2001 and claims benefit of 60/339,875 10/31/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

✓ **IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/02/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 6
Verified and Acknowledged Examiner's Signature _____ Initials _____					

**ADDRESS**

29444

**TITLE**

System process for analyzing the medical condition of a user

<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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